Vendor#	 New	Update

REQUEST FOR VENDOR INFORMATION AND CERTIFICATION

Please complete or make changes to the following information:	Print or Type
Vendor Name:	
Street Address:	
Mailing Address:	
City, State, Zip	
Phone Number: Fax Number:	
E-Mail Address:	
Name of Contact:	
Type of Organization (Check One)	
() Sole Proprietor () Partnership () Corporation	() Government
Federal Tax ID or Social Security Number	
Town of Taos Business License	
New Mexico CRS Number (if applicable)	
Is your firm NM sales tax exempt? (Attach NTTC form)	Yes No
Is your firm designated as a non-profit organization? (Check One)	Yes No
Is your firm exempt from income tax? (Check One)	YesNo
Is your firm eligible for 1099s?	YesNo
Does your firm provide: Service/s Goods Both (Circle one)	
Signature: Title:	
** Include Form W-9 Incomplete Information / Failure To Provide Form W	7-9 Will Delay Processing
RETURN THIS FORM TO:	-5 Will Delay 1 Toccssing
Taos County Purchasing Departmen 105 Albright Street, Suite "I" Taos, New Mexico 87571	
	75) 737-6326
For Internal Office Use	Date
Requisitioning Department Signature: Finance Director Signature:	Date: